

Yaba's hundi connection

Govt should take concrete steps to stop yaba flow

A report by *The Daily Star* on Friday sought to unravel the mystery of why the yaba trade couldn't be contained even after a nearly yearlong, often deadly anti-narcotics drive launched last year. In the drive, scores of alleged drug dealers have been killed while many more have been arrested. Yet yaba's flow into the country remains uninterrupted, as our report says, because of new strategies involving the use of fresh smuggling routes and hundi lords—who stepped in after the surrender of 102 godfathers and dealers in February. These traders who use hundi, an illegal means of fund transfer, provide a vital lifeline to the yaba business and are difficult to track as they operate internationally. This adds a new dimension to the government's ongoing war on drugs. Firstly, it lays bare the fault lines of the drive which has failed to curtail the yaba business, and, secondly, it underscores the importance of greater regional collaboration on fighting the menace of drugs which Bangladesh and its neighbours have so far failed to do.

Apparently, yaba consignments from Myanmar are now being sent through India. Also, smugglers from Myanmar are using seven new routes in Teknaf and Ukhia. The fact is, we cannot stop the production of yaba tablets, which are mostly produced in Myanmar, but through effective regional cooperation, we can indeed make significant progress in stopping their supply to Bangladesh. The priority, therefore, is to seal the now-active routes at the border and engage our neighbours and other countries where the hundi lords operate to stop their business. The government should look beyond the populist strategies of its anti-narcotics drive and take measures that will really stop yaba's flow into Bangladesh.

Alarming level of food insecurity for locals

Rohingya influx affecting poor communities in Cox's Bazar

ACCORDING to a global report titled "2019 Global Report on Food Crises (GRFC)", the locals in Cox's Bazar are facing an uphill struggle due to the influx of Rohingya refugees. The poor have lost access to farmlands, fishing grounds and forest resources and many have been forced to opt to work as day labourers. But given the availability of cheap labour from the refugee camps, wage rates have also plummeted and demand for food has pushed up prices. The net result of all these factors is one where locals now have less access to basic services and where staples cost more than what they can afford.

Indeed, we learn that the percentage of households with poor or borderline consumption has jumped alarmingly from 31 percent in 2017 to 80 percent in the last quarter of 2018. Given the very large number of Rohingyas who have now settled on Bangladesh soil, the usage of land has actually shifted away from agriculture to commercial purposes simply because it is more profitable for landowners. Furthermore, large tracts of agricultural land in Teknaf and Ukhia have been occupied by refugees. The presence of such large numbers of people has also depleted forest resources. It is estimated that "around 750,000kg of timber, vegetation and roots are collected daily from the forest for cooking fuel."

Although the authorities point out that some 300,000 members of the local populace have been included in the Rohingya response plan, it is imperative that tensions do not escalate between the local and refugee populations over resources. Separate food security schemes should be drawn up for the poor and ultra-poor people in the affected areas and efforts must be taken to stop the decimation of forest resources on which locals depend for their livelihoods.

LETTERS TO THE EDITOR

letters@thedailystar.net

Do we not deserve to live in safety?

The Chawkbazar and Banani fires are a clear testament to our indifference towards public safety. In policymaking, public safety should take precedence over everything else but, sadly, that is not the case. We read about news on fire-related incidents and road accidents too frequently.

Corruption has made its way into almost every sector and we are, it seems, getting more and more morally corrupt every day. The Rana Plaza collapse and Tazreen Fashion fire that claimed numerous lives are some of the most shocking incidents that the country has ever witnessed. These incidents were later seen as the catalyst that prompted the RMG sector to undergo a comprehensive overhaul. So will it take more fire-related tragedies for the authorities to take action to make our buildings safe? We must remember that all these recent incidents were completely avoidable, and they could have been averted had the authorities concerned done their job properly. Previously, many had taken to the streets to make their voices heard, and many chose to vent their frustration on social media, but all these grievances had fallen on deaf ears.

Corruption and lack of accountability in the prevailing system are two of the major reasons why such incidents keep happening. Rooting these out may seem like an impossible task but we, as citizens, must not stop demanding for change.

Abu Hasnat Evna Mostafa
Corporate HR Executive, Ananta Companies

'Overuse of antibiotics increases the risk of bacterial resistance'

Samir K Saha, PhD, Professor & Head, Department of Microbiology, Bangladesh Institute of Child Health, Dhaka Shishu (Children) Hospital, and Executive Director, Child Health Research Foundation, talks to Maisha Zaman about the growing threat of antibiotic resistance in the context of Bangladesh, its health implications, and how it can be tackled.

The use of antibiotics is on the rise and we are getting increasingly antibiotic-resistant. What are the major causes behind this?

The major cause behind antibiotic resistance revolves around the smartness of the bacteria. It is widely believed that antibiotics inhibit the growth of susceptible bacteria. But bacteria can acquire resistance through mutation and thus defend themselves, if antibiotics are taken abundantly. For survival, bacteria are constantly finding resistance mechanisms to avoid the effects of antibiotics. Therefore, they change their cell walls or synthesise proteins in such a way that antibiotics cannot recognise or bind to them anymore. In fact, there are antibiotics which have become outdated as the bacteria learned the strategies to defend and adapt themselves against those. Additionally, exposure to antibiotics makes the surviving bacteria more likely to be resistant. The less they get exposed to antibiotics, the more they become antibiotic-susceptible. The bacteria also want to get rid of extra burdens, such as by changing their genes to dodge the antibiotic(s), to protect themselves.

How is this affecting our general health, particularly that of the youngsters and children?

The elderly and young people, namely newborns and children, are usually affected by bacterial infectious diseases. We should protect these populations from bacterial infectious diseases in order to ensure their wellbeing. Thus, we need to make rational use of antibiotics in treating these infections. It is important to note that overuse of antibiotics increases the risk of bacterial resistance. It is a common practice in our country to treat any kind of illness as "bacterial disease" though many of these illnesses are neither infectious nor bacterial infection. Furthermore, bacteria are not our enemy. Almost 99 percent of bacteria are beneficial and even essential for our existence. We wouldn't survive in this world without bacteria in our body, particularly in our skin, mouth and gut, and the environment. But the question is about how we manage them. If we create adverse situations by taking antibiotics, they will devise



Samir K Saha

defensive strategies to protect themselves and gradually multiply. Though it is essential to take antibiotics to treat infections caused by bacteria, unnecessary and inappropriate usage of antibiotics may lead to antimicrobial resistance.

How can we raise awareness to prevent the unauthorised buying and selling of antibiotics?

Rational use will reduce the pressure of antibiotics on pathogenic and non-pathogenic bacteria and thereby decrease the burden of antibiotic resistance. The government has taken a great initiative to set up a "model pharmacy", which has binding instructions to ensure the proper use of medicine. These model pharmacies can be instructed to sell antibiotics only on the basis of authorised prescriptions. If these directives are properly followed, the use of antibiotics will be reduced significantly.

Third-generation antibiotics are now widely used because bacteria have developed resistance to first-generation antibiotics. Pakistan is now faced with a

severe challenge in responding to an outbreak of extensively drug-resistant typhoid (XDR), *Salmonella typhi*, which poses a public health concern as the infectious bacteria of this disease are resistant to both first-generation (amoxicillin, chloramphenicol and co-trimoxazole) and third-generation antibiotics. Azithromycin is the only oral antibiotic that happens to work against this bacterial disease. In fact, this situation presents a more alarming picture before us. The XDR bacteria have already travelled to the US and Syria through travellers from Pakistan. It would not be a surprise if the bacteria also end up travelling to Bangladesh the same way.

How can we ensure a healthier lifestyle?

As I said before, rational use of antibiotics and not selling them without authorised prescriptions are some feasible solutions to control the unnecessary and inappropriate intake of antibiotics. Medical practitioners should prescribe antibiotics rationally and also advise patients not to take antibiotics unless they have been prescribed.

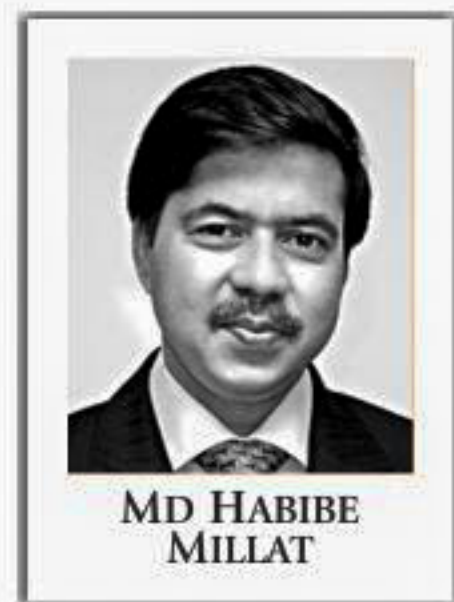
Apart from children, older people are most likely to suffer from bacterial diseases. With the increase in life expectancy, they tend to have more infectious diseases such as pneumonia, and many of them are viral. In many cases, they take antibiotics without any prescription from qualified physicians. Consequentially, this leads to antibiotic resistance.

Infectious bacteria are becoming prevalent in hospitals as well—most of which are multidrug-resistant. The practice of hand-washing before and after interactions with patients is crucial to curb the spread of bacterial diseases, especially in hospital settings.

The emergence of drug resistance is closely associated with our behaviours and practices. There is now widespread use of antibiotics, even in poultry, fisheries and livestock. Ironically, we know little about the use of antibiotics in such fields. These antibiotics show up at our doorstep and eventually get discharged into the environment. All this leads to the emergence of bacteria with resistance to all available antibiotics. If we don't take precautions now, this will put us at risk of a high number of deaths due to bacterial infections, as was the case in the pre-antibiotic era.

Why universal health coverage is a must

People should not be forced to choose between wellbeing and financial stability



MD HABIBE MILLAT

HEALTH is a fundamental right of every human being, without distinction of any kind, but this is not a right enjoyed by everyone.

At least half of the world's population still do not have full coverage of essential health services. About 100 million people are still being pushed into "extreme poverty" (living on USD 1.90 or less a day) because they have to pay for healthcare. Over 800 million people (almost 12 percent of the world's population) spent at least 10 percent of their household budgets to pay for healthcare. In Bangladesh, the out-of-pocket (OOP) health expenditure is 63 percent of the total health expenditure, which is much higher than that of the world average of 32 percent. Furthermore, Bangladesh has a shortage of approximately 100,000 doctors and approximately 800,000 healthcare providers compared to the global standard.

In this scenario, Bangladesh requires proper implementation of universal health coverage (UHC). Thus, there is a need for a minimum of 15 percent of the total budget for the health sector whereas the current allocation is only five percent.

The "Health for All" agenda set by the Alma-Ata Declaration of 1978 now has a new dimension of commitment by the global community through the Sustainable Development Goals (SDGs) for the year 2030. The solution lies in UHC. The world has agreed to try to achieve UHC by 2030, as part of the SDGs, and we all have a role to play in this.

UHC: The right to health

UHC means that all people and communities can use the promotive, preventive, curative, rehabilitative and palliative health services they need, which are of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. UHC enables everyone to access the services that address the most important causes of disease and death and ensures that the quality of those services is good enough to improve the health of the people who receive them.

Moving towards UHC needs sustainable financing, skilled health workers, good governance, reliable service delivery, meticulous data management, and comprehensive access to medicines. But one of the often-overlooked aspects is the fact that UHC requires a strong legal



PHOTO: STAR

framework. Strong laws are essential to protect and promote the right to health, as well as equity, quality, efficiency and accountability.

Connecting the Inter-Parliamentary Union, the global organisation of parliaments

Parliaments are crucial in the design, implementation and monitoring of law, policies and programmes relevant to realising the right of everyone to enjoy the highest attainable standard of physical and mental health.

Parliaments have the responsibility to protect the people they represent, including the most vulnerable groups, from the financial consequences of paying for health services out of their own pockets. That is the mandate of the Inter-Parliamentary Union (IPU), the global organisation of parliaments. At its last Assembly in October 2018 at Geneva, the IPU adopted my proposal on behalf of the Bangladesh Parliament to develop a resolution on "Achieving Universal Health Coverage by 2030: the role of parliaments in ensuring the right to health." It is the first time that a global parliamentary resolution on UHC will be developed and is also a testament to the commitment to health and the SDGs of the IPU and its members.

The resolution will be drafted by me and two other parliamentarians from Switzerland and Malawi. All member parliaments of IPU will also have the opportunity to contribute to the preparation of the resolution, by taking part in a

debate at the next IPU Assembly in Doha next April. Member parliaments will of course also take the final decisions on the contents of the resolution through an interactive regional process, which should be adopted at the 141st IPU Assembly in Belgrade in October of this year.

Achieving UHC by 2030: IPU's call for action

Recalling the major international commitments towards the achievement of UHC, the IPU resolution we are proposing today would represent the main parliamentary instrument to contribute to this global process, and to design the role that parliaments are to play and concrete actions to be taken.

And we, as parliamentarians, wield enormous power to improve the health of millions. We have both the authority and the responsibility to promote the highest standards of health and wellbeing for our people, through our roles in legislation, oversight and accountability, budgeting, and advocacy.

This IPU resolution will be crucial in defining the role of parliaments and identifying concrete parliamentary actions for the achievement of UHC. Considering the UN high-level meeting on UHC that will take place in September 2019, it is also very timely. These two processes will provide a clear signal of the centrality of the UHC agenda not only for health, but also for equity, development, social inclusion and cohesion.

I would like to take this opportunity

to call on all parliamentarians to follow the preparation of the IPU resolution on UHC and to engage in implementation by working with their parliaments as they put in place actions to implement the resolution.

The IPU will support national implementation by working closely with WHO to strengthen the capacities of parliaments to make full use of their legislative, budgetary and oversight functions for improved access to healthcare services for all.

Working together for a better future

The catchcry of the SDGs is to "leave no one behind." That's exactly what UHC aims to do. We must ensure that the poorest and most vulnerable people—including those in the remotest areas and those living in emergency settings—enjoy the same access to services as the wealthiest in big cities.

We cannot tolerate a world in which people are forced to choose between wellbeing and financial stability. The world is moving towards this important achievement. And we need to play our role.

We want to honour a promise that is bold yet simple, and that will change the lives of millions of people across the world. Health coverage that is universal. Health coverage that is for everyone, everywhere and leaves no one behind.

Prof Dr Md Habibe Millat MP, MBBS, FRCS (Edin), is the Chair of the Advisory Group on Health, Inter-Parliamentary Union and Member, Standing Committee on Ministry of Foreign Affairs and Ministry of Science and Technology. Email: profmhillat@gmail.com